

Mail-In Application For Voter Registration

You can use this form to:

- ☛ register to vote in Tennessee, or to
- ☛ let us know that your name or address has changed.

To register to vote:

- ☛ you must be a U.S. citizen, AND
- ☛ you must be a resident of Tennessee, AND
- ☛ you must be at least 18 years old on/or before the next election, AND
- ☛ you must not have been convicted of a felony, or if you have, your full rights of citizenship must have been restored (or you must have received a pardon).

☛ **Anyone who registers by mail, must vote in person the first time he or she votes after registering.**

Are you interested in working on Election Day?

- ☐ Yes
☐ No

MAIL OR HAND DELIVER THIS FORM TO YOUR COUNTY ELECTION COMMISSION.

Instructions / checklist:

- ☐ Please PRINT with a blue or black **INK** pen (not felt tip).
- ☐ Provide the information in items 1-8 below, read the VOTER DECLARATION, and sign by the "X".
- ☐ An application for voter registration must be postmarked or hand delivered to the proper county election commission office at least 30 days before an election.
- ☐ Voter registration records are public records, open to inspection by any citizen of Tennessee.

YOU ARE NOT REGISTERED TO VOTE UNTIL YOU RECEIVE A VOTER REGISTRATION CARD.

If you are qualified and the information on your form is complete, we will add your name to the county's voter rolls. We will then mail you a voter card. This card will tell you where to vote.

For more information, call your county election commission.

Fold Here



SS-3010 REV 11/01

FOR COUNTY ELECTION COMMISSION USE ONLY

Mail _____ Reg # _____ Approved _____ Eff. Date _____
P/A _____ District _____ Precinct _____ Ward _____

1 CHECK ONE: ☐ NEW REGISTRATION
☐ ADDRESS CHANGE ☐ NAME CHANGE

2 LAST NAME FIRST NAME MIDDLE INITIAL SEX ☐ M ☐ F RACE (OPTIONAL)

3 ADDRESS WHERE YOU LIVE (DO NOT GIVE A P.O. BOX) APT. # CITY COUNTY ZIP CODE

4 ADDRESS WHERE YOU GET YOUR MAIL (IF DIFFERENT FROM #3)

5 DATE OF BIRTH **6** PLACE OF BIRTH **7** SOCIAL SECURITY NUMBER, if any (required under TCA 2-2-116 for purposes of identification and to avoid duplicate registration) DAYTIME PHONE NUMBER

8 NAME AND ADDRESS ON LAST VOTER REGISTRATION

NAME _____ ADDRESS _____
CITY _____ COUNTY _____ STATE _____ ZIP _____

VOTER DECLARATION

By completing the questions below and signing my name, I am swearing (or affirming) that the information I have provided is true, subject to the WARNING as stated.

WARNING: Giving false information to register to vote or attempting to register when not qualified is a felony punishable by not less than one (1) year nor more than six (6) years' imprisonment or a fine of \$3,000 or both.

- | | Yes | No |
|--|-------|-------|
| 1. I am a U.S. citizen. | _____ | _____ |
| 2. I am a resident of the State of Tennessee. | _____ | _____ |
| 3. I will be at least 18 years old on/or before the next election. | _____ | _____ |
| 4. I have been convicted of a felony. | _____ | _____ |

X _____
Signature (or mark) of Applicant Date

If applicant is unable to sign, provide signature of person who signed for applicant.

Signature of Person Assisting

Address